

## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**St. Vincent Williamsport Hospital**City: Williamsport County: Warren Year: **2003**

Provider Type: Critical Access

| <b>I. Inpatient Care</b>            |                              |                             |                               |                                     |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| <b>Hospital Service Description</b> | <b>Number of Set Up Beds</b> | <b>Number of Discharges</b> | <b>Number of Patient Days</b> | <b>Average Charge Per Discharge</b> |
| Burn Care                           | 0                            | 0                           | 0                             | \$0                                 |
| Cardiac Intensive                   | 0                            | 0                           | 0                             | \$0                                 |
| ICU Med/Surg                        | 0                            | 0                           | 0                             | \$0                                 |
| ICU Neonatal                        | 0                            | 0                           | 0                             | \$0                                 |
| ICU Pediatric                       | 0                            | 0                           | 0                             | \$0                                 |
| Medical/Surgical                    | 16                           | 702                         | 2,238                         | \$23,943                            |
| Neonatal Intermed                   | 0                            | 0                           | 0                             | \$0                                 |
| Obstetrics                          | 0                            | 0                           | 0                             | \$0                                 |
| Pediatric                           | 0                            | 0                           | 0                             | \$0                                 |

|                 |    |     |       |     |
|-----------------|----|-----|-------|-----|
| Psychiatric     | 0  | 0   | 0     | \$0 |
| Rehabilitation  | 0  | 0   | 0     | \$0 |
| Substance Abuse | 0  | 0   | 0     | \$0 |
| Swing Beds      | NA | 0   | 0     | \$0 |
| Other Services  | 0  | 143 | 1,236 | NA  |
| Acute Subtotal  | 16 | 845 | 3,474 | NA  |
| Normal Newborn  | 0  | 0   | 0     | \$0 |

| <b>II. Outpatient Visits</b>                           |        |                     |        |
|--|--------|---------------------|--------|
| Circulatory System                                     | 4,058  | Digestive System    | 867    |
| Endocrine System                                       | 3,240  | Injuries and Poison | 3,016  |
| Mental Disorder  | 276    | Musculoskeletal     | 2,588  |
| Neoplasms  | 609    | Nervous             | 1,227  |
| Respiratory  | 3,285  | Urinary             | 1,623  |
| Other/Unknown  | 19,218 | Total Visits        | 40,007 |
|  |        |                     |        |
| Number of Visits to Emergency Department               |        |                     | 12,780 |
| Percent of Emergency Department Visits of Total Visits |        |                     | 31.9%  |

# Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

|                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| N - Acute Renal Dialysis        | N - Alcohol/Drug Service    | Y - Anesthesia Services    |
| Y - Blood Bank                  | N - Burn Care Unit          | N - Chiropractic Service   |
| Y - Coronary Care Unit          | N - Dental Services         | Y - Dietetic Services      |
| Y - Emergency Service           | N - Home Care Program       | N - Hospice                |
| Y - Inpatient Surgical Services | N - Intensive Care Unit     | Y - Laboratory(Clinical)   |
| N - Laboratory(Anatomical)      | N - Long Term Care Unit     | N - Neonatal Nursery       |
| N - Nuclear Medicine Services   | N - Obstetrics Services     |                            |
| N - Occupational Therapy        | N - Open Heart Surgery      | Y - Operating Room         |
| N - Optometric Service          | N - Organ Bank              | N - Organ Transplant       |
| Y - Outpatient Service          | Y - Outpatient Surgery Unit | Y - Pediatric Services     |
| Y - Pharmacy                    | Y - Physical Therapy        | Y - Postoperative Recovery |
| N - Psychiatric Services        | Y - Radiology(Diagnostic)   | N - Radiology(Therapeutic) |
| N - Rehabilitation Services     | Y - Respiratory Services    | N - Self Care Unit         |
| N - Shock Trauma                | Y - Social Services         | Y - Speech Pathology       |

|      |                |       |                      |      |              |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|

[Health Care Regulatory Services](#)

[2003 Hospital Services Main Page](#)